24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00492116
Check If 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee HSG Campaigns LLC Mailing Address 325 Cordova St	Date 10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Pasadena CA 91101 Purpose of Expenditure Category/ Office	## Amount
Mailer Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 16 President Ck One: Support Oppose
for Office Sought	oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Chris Jones Consulting Mailing Address 3245 Granite Creek PI	Date M 10
City State Zip Code Newcastle CA 95658	24102.65 Transaction ID : WFT20129171827-1
Purpose of Expenditure Mailer Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: CA President
	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	32310.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	32310.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	